

EEO OFFICER NOTIFICATION AND PROGRAM COMPLIANCE CERTIFICATION

(Companies that perform Federal-aid contract work of \$10,000 or more annually must submit this form each January)

FROM (Name of Company): _____

_____ Date

TO: NH DOT Office of Federal Compliance

In accordance with the Required Contract Provisions (Form FHWA 1273), the following information is furnished:

Initial Next to Each



THIS IS TO CERTIFY:

_____ This Company has accepted the following statement as our operating policy: "It is the policy of this Company to assure that applicants are employed, and that employees are treated during employment, without regard to their race, religion, sex, color, national origin, age or disability. Such action shall include: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, pre-apprenticeship, and/or on-the-job training."

_____ Periodic meetings with supervisory and personnel office employees were conducted before the start of work and will be accomplished once every six (6) months.

_____ All new supervisory or personnel office employees were given a thorough indoctrination by the EEO Officer, covering all major aspects of the contractor's EEO obligations within 30 days following their employment start date.

_____ All personnel who are engaged in direct recruitment for the project were instructed by the EEO Officer in the contractor's procedures for locating and hiring minority group employees.

_____ This company's EEO policy was reviewed and reaffirmed within the last 12 months and was brought to the attention of all our employees by the following means (check as applicable):

☐ Meetings/Briefings

☐ Employee Handbook

☐ Other: _____

_____ A written record was made of the above meetings/briefings, person's attending and the subject matter that was discussed. Signed acknowledgements of attendance at EEO meetings/training are on file.

_____ I have **attached** a copy of this company's **EEO Appointment Letter** and **Policy Statement**.

***SIGNED CERTIFICATION AND NAME OF CORPORATE EEO OFFICER:**

Signed & Printed Name

Title or Position in Firm

Address (Include Zip Code)

Telephone (Include Area Code)

Email Address: _____

* Named individual must be capable of effectively administering and promoting an active contractor program of EEO and who must be assigned adequate authority and responsibility to do so.

(See Enclosures)